

DIVISION OF INDUSTRIAL RELATIONS
DEPARTMENT OF BUSINESS & INDUSTRY
MINE SAFETY & TRAINING SECTION

400 W. King Street, Suite 210

Carson City, NV 89703

Email: mines@business.nv.gov

775-684-7085 Fax: 775-687-8259

Immediate Notification of an Accident
must be made by telephone to the
Carson City office in addition to the
completion of this form.

MSHA ID NO.

CONTRACTOR ID NO.

Mine Name

Company Name

County

Accident Information:

Date of Accident

Time of Accident

Time Shift Started

Month Day Year

☐ am
☐ pm

☐ am
☐ pm

Where in or at the Mine did the accident occur

☐ Check if Underground Mine

☐ Check if Surface Mine or Other

Name of Injured Employee

Sex

☐ Male

☐ Female

Date of Birth

Experience	Years	Weeks
This job title		
At this Mine		
Total Mining Experience		

Social Security #

Job Title

Employee Work Activity when Injury or Illness occurred

Name of Immediate Supervisor

Telephone Number

Describe the conditions contributing to the Accident/Injury and damage or impairment to individual:

Part of Body Injured or Affected

☐ Check if injury resulted in death

☐ Check if injury resulted in permanent disability

(Include amputation, loss of use & permanent total disability)

Equipment Involved

Type

Manufacturer

Model #

Name of Witness to Accident/Injury

Job Title

Date returned to work at full capacity

Number of Days Away

Number of Days Restricted

Month Day Year

from work

Work Activity

Person Completing Form

Title

Date Report Prepared

Area Code and Phone Number

(month, day, year)

**MAIL, FAX OR EMAIL THIS FORM
TO MINE SAFETY & TRAINING**

400 W. KING STREET, SUITE 210

CARSON CITY, NV 89703

